## Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Servi	ce Provider: Y	oung Adult Institute, Inc.
provider is doing business	s): YAI/NIPD N	r (including all names under which the service
YAI National Institute for Pe	ople with Disabi	ilities
Address of Service Provide	er: 460 W. 34th	Street, New York, New York 10000-2382
Name of Agent Designate	d to Receive	
Notification of Claimed In	fringement: M	Is. Gina Brelesky
or similar designation is not accept	able except where it	ich Notification Should be Sent (a P.O. Box t is the only address that can be used in the geographic
location): 460 W. 34th Street, New Yor	k, New York 100	000-2382
Facsimile Number of Designates of Designates	8 8	18 -2000 W
Signature of Officer or Ren	resentative of th	ne Designating Service Provider:  Date: 42, 2009
Гуреd or Printed Name and Coordinator of Education and	Title: Gina Bre Training, YAIN	lesky National Institute for People with Disabilities
	ation Must be A	SCAND J: 21-200:
Mail the form to:		RECEIVED
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C.O. Box 70400 Veshington, DC 20024		au 0.7 2009
Vashington, DC 20024	978617	COPYRIGHT OFFICE